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Judiciary Committee



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HB 905

Prescription Drug Benefits - Use of Real-Time Benefit Check Technology Statement in SUPPORT

Chair Pendergrass, Vice-Chair Pena Melnyk and Members of the Health and Government Operations Committee, thank you for the opportunity to testify today in support of HB905, which will help lower the out of pocket costs patients by providing better data for providers to have informed conversations with patients about their available drug options and costs.

Real time benefit check technology integrates within the electronic health records (EHR) of patients at the provider's office, and allows providers to have an informed conversation with the patient about out-of-pocket costs, alternate options, cash price and even if a patient may be eligible for prescription drug relief programs. Adoption of this technology has recently begun to accelerate as payors have provided more and more back-end data into the electronic health records, making these systems more valuable. Medicare rules have begun moving into requiring payors to share this data, and by 2021 all part D plans will be required to do so¹.

HB905 will align Maryland plans with Medicare part D plans to ensure that the same back-end data is provided into the patient's EHRs. The bill requires that beginning January 1, 2021, at the point of prescribing or dispensing a prescription drug to a patient, a prescriber or dispenser must have access to and use, as appropriate, technology that provides patient-specific prescription drug benefits and cost information through real-time benefit checks. The bill also requires that the technology be capable of showing information on patient financial and resource assistance when available for the prescription drug selected by the provider, and requires that options including information for the patient's preferred pharmacy, mail order pharmacy, special pharmacy and cash pay be presented as well.

Increased out-of-pocket costs are a driving factor for prescription drug abandonment and increased hospitalizations. An average of \$1,200 per person is spent on medications per year,²

¹Medicare advantage and part D drug pricing final rule (CMS-4180-F). (2019). Retrieved from https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-and-part-d-drug-pricing-final-rule-cms-4180-f

²Langreth, R. (2019). Drug prices. Retrieved from https://www.bloomberg.com/quicktake/drug-prices

with a recent survey of 1,000 patients revealing that 75 percent received a prescription that cost more than expected and half did not pick-up a prescription because it cost too much when they arrived at the pharmacy.³ As of 2018, nearly half of consumers have abandoned a prescription due to cost. ⁴ Non-adherence results in 125,000 preventable deaths each year, \$300 billion in healthcare costs.⁵ Giving patients options of lower cost-drugs that are therapeutically equivalent will reduce prescription drug abandonment and lower overall costs on our healthcare system. Requiring payors to share back-end data on all options available to a patient will ensure that patients are having informed conversations with their providers about all of their options, while streamlining the workflow and costs associated for providers and pharmacists.

I respectfully request a favorable report on HB905. Thank you.

³Lagasse, J. (2018). Nearly half of consumers abandoned a prescription at the pharmacy because it was too expensive. Retrieved from https://www.healthcarefinancenews.com/news/nearly-half-consumers-abandoned-prescription-pharmacy-because-it-was-too-expensive

⁴Lagasse, J. (2018). Nearly half of consumers abandoned a prescription at the pharmacy because it was too expensive. Retrieved from https://www.healthcarefinancenews.com/news/nearly-half-consumers-abandoned-prescription-pharmacy-because-it-was-too-expensive

⁵ L., J. (2018). 15 frightening stats on medication adherence. Retrieved from https://www.pillsy.com/articles/medication-adherence-stats